

County: Vilas  
EAGLE RIVER HEALTH CARE CENTER, INC.  
357 RIVER STREET, BOX 1149  
EAGLE RIVER 54521 Phone: (715) 479-7464  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/00): 70  
Total Licensed Bed Capacity (12/31/00): 95  
Number of Residents on 12/31/00: 54

Facility ID: 3000

Page 1

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF?  
Title 18 (Medicare) Certified?  
Average Daily Census:

Corporation  
Skilled  
No  
No  
56

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	24.1
Supp. Home Care-Personal Care	No					1 - 4 Years	44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	5.6	Under 65	1.9	More Than 4 Years	31.5
Day Services	No	Mental Illness (Org./Psy)	42.6	65 - 74	3.7		
Respite Care	Yes	Mental Illness (Other)	9.3	75 - 84	22.2		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	61.1	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	Yes	Cardiovascular	20.4	65 & Over	98.1		
Transportation	No	Cerebrovascular	7.4			RNs	12.6
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	6.8
Other Services	No	Respiratory	1.9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	13.0	Male	27.8	Aides & Orderlies	
Mentally Ill	No			Female	72.2		22.1
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	39	97.5	\$86.20	0	0.0	\$0.00	12	85.7	\$95.00	0	0.0	\$0.00	51	94.4%
Intermediate	---	---	---	1	2.5	\$72.72	0	0.0	\$0.00	2	14.3	\$95.00	0	0.0	\$0.00	3	5.6%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		40	100.0		0	0.0		14	100.0		0	0.0		54	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	11.8	Bathing	7.4	50.0	42.6	54
Private Home/With Home Health	17.6	Dressing	24.1	35.2	40.7	54
Other Nursing Homes	23.5	Transferring	29.6	38.9	31.5	54
Acute Care Hospitals	47.1	Toilet Use	33.3	31.5	35.2	54
Psych. Hosp. -MR/DD Facilities	0.0	Eating	70.4	14.8	14.8	54
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0	Continence				
Total Number of Admissions	34	Indwelling Or External Catheter	0.0	Special Treatments		%
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	61.1	Receiving Respiratory Care		0.0
Private Home/No Home Health	10.3	Occ/Freq. Incontinent of Bowel	35.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.4			Receiving Suctioning		0.0
Other Nursing Homes	10.3	Mobility		Receiving Ostomy Care		0.0
Acute Care Hospitals	25.6	Physically Restrained	20.4	Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets		37.0
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	0.0	With Pressure Sores	5.6	Have Advance Directives		72.2
Deaths	38.5	With Rashes	24.1	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		48.1
(Including Deaths)	39			*****		

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	50-99	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	58.9	80.4	0.73	85.4	0.69	84.1	0.70	84.5	0.70
Current Residents from In-County	66.7	74.2	0.90	72.9	0.91	76.2	0.88	77.5	0.86
Admissions from In-County, Still Residing	29.4	19.0	1.55	21.3	1.38	22.2	1.32	21.5	1.37
Admissions/Average Daily Census	60.7	135.3	0.45	101.3	0.60	112.3	0.54	124.3	0.49
Discharges/Average Daily Census	69.6	137.7	0.51	101.3	0.69	112.8	0.62	126.1	0.55
Discharges To Private Residence/Average Daily Census	17.9	57.0	0.31	37.6	0.47	44.1	0.40	49.9	0.36
Residents Receiving Skilled Care	94.4	89.4	1.06	89.6	1.05	89.6	1.05	83.3	1.13
Residents Aged 65 and Older	98.1	95.9	1.02	93.4	1.05	94.3	1.04	87.7	1.12
Title 19 (Medicaid) Funded Residents	74.1	71.6	1.04	69.0	1.07	70.1	1.06	69.0	1.07
Private Pay Funded Residents	25.9	19.0	1.37	23.2	1.12	21.4	1.21	22.6	1.15
Developmentally Disabled Residents	5.6	1.2	4.57	0.9	5.92	0.9	6.06	7.6	0.73
Mentally Ill Residents	51.9	35.9	1.44	41.5	1.25	39.6	1.31	33.3	1.56
General Medical Service Residents	13.0	18.2	0.71	15.4	0.84	17.0	0.76	18.4	0.70
Impaired ADL (Mean)	50.7	47.3	1.07	47.7	1.06	48.2	1.05	49.4	1.03
Psychological Problems	48.1	45.0	1.07	51.3	0.94	50.8	0.95	50.1	0.96
Nursing Care Required (Mean)	8.3	6.7	1.24	6.9	1.20	6.7	1.24	7.2	1.17